Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Alma and Richard Pilar (DDDH)	**CHAPTER 89**
Address: **94-1105 Kahuanui Street, Waipahu, Hawaii 96797**	**Inspection Date: November 14, 2019 Annual**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-9 General staff health requirements. (a) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis. **FINDINGS** HHM #1 – Documentation for initial physical exam unavailable for review. Please submit copy with your plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I obtained a copy of my son's Physical Examination from his doctor.	11-15-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-9 General staff health requirements. (a) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis. **FINDINGS** HHM #1 – Documentation for initial physical exam unavailable for review. Please submit copy with your plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** * To be aware of all the requirements required for all family members and substitute caregiver. * In the future, I made a checklist of all the required clearances that need to be on file. Every month, I will check the file to ensure that all required clearances is on file including, residents, family members and substitute caregiver.	11-15-19

Licensee's/Administrator's Signature: Alma A. Pilar

Print Name: Alma A. Pilar

Date: November 18, 2019